

GAU 1643

PTO/SB/21 (08-00)

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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/546,573
Filing Date	April 10, 2000
First Named Inventor	HOLTEN-ANDERSEN, Mads
Group Art Unit	1643
Examiner Name	Unassigned

Total Number of Pages in This Submission

5

Attorney Docket Number

019829000310

APR 03 2001

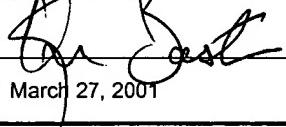
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ENCLOSURES (check all that apply)

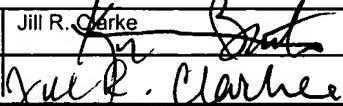
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Photocopy of each references cited (35); Form PTO-1449; Certificate of First Class Mailing; and Return Mail room Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Kevin L. Bastian	
Signature		
Date	Reg No. 34,774 March 27, 2001	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: March 27, 2001

Typed or printed name	Jill R. Clarke
Signature	
Date	March 27, 2001

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SF 1205677 v1

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On March 27, 2001

TOWNSEND and TOWNSEND and CREW LLP

By: Jill R. Clarke
Jill R. Clarke

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

HOLTEN-ANDERSEN, Mads

Application No.: 09/546,573

Filed: April 10, 2000

For: TISSUE INHIBITOR OF MATRIX
METALLOPROTEINASES TYPE-1 (TIMP-1)
AS A CANCER MARKER

Examiner: Unassigned

Art Unit: 1643

**INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98**

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

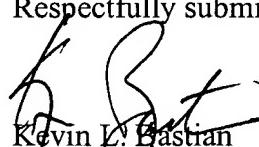
The references cited on attached form PTO-1449 are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and

no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicants believe that no fee is required for submission of this statement, since it is being submitted prior to the first Office Action. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Kevin L. Bastian
Reg. No. 34,774

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